

## UNITED STATES DISTRICT COURT

United States District Court  
Southern District of Texas  
FILED

for the

Southern District of Texas

JUL 31 2012

Cheri LatBlanche

Plaintiff

NBME, FSMB, & ECFMG

Defendant

David J. Bradley, Clerk of Court

Civil Action No.

H - 12 - 485 .

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. If incarcerated. I am being held at: N/A.

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. If not incarcerated. If I am employed, my employer's name and address are: N/A - "Unemployed."

My gross pay or wages are: \$ N/A, and my take-home pay or wages are: \$ N/A per  
(specify pay period) N/A.

3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):

- |  |   |  |
|--|---|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances                         | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (f) Any other sources                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

Unemployment Benefits - \$256 weekly until September 2012.

4. Amount of money that I have in cash or in a checking or savings account: \$ -0-.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

Nissan vehicle ~\$15,000.

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

Housing - \$1,200/mth

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

N/A

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

Student loans (U.S. Dept. of Education) - \$27,000.

*Declaration:* I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 7/19/12

  
Applicant's signature

Cheri Latanche  
Printed name

320417310007710101  


**DETERMINATION ON PAYMENT OF UNEMPLOYMENT BENEFITS**  
Date Mailed: June 22, 2012

CHERI LABLANCHE  
12806 SOUTHSPRING DR  
HOUSTON TX 77047-2756  
XXXXXXXXXXXXXXXXXXXX

Social Security Number: XXX-XX-7019  
Employer: DILLARD TEXAS EAST L  
As:  
Employer Account No.: 13-067564-6  
All dates are shown in  
month-day-year order.

**Decision**

**Issue: Separation From Work**

**Decision:** We can pay you benefits, if you meet all other weekly requirements such as being able, available and actively searching for work.

**Reason for Decision:** Our investigation found your employer fired you because you were unable to perform your assigned work to their satisfaction. This is not considered misconduct connected with the work.

**Law Reference:** Section 207.044 of the Texas Unemployment Compensation Act.

**Understanding your Decision**

If you receive a decision that says, "we cannot pay you benefits," it means there is a problem with your claim EVEN IF you have received other decisions for the same period that say, "we can pay you benefits." If even one decision for the same period says we cannot pay, you will not receive an unemployment payment for that period.

**To resolve issues on decisions you receive:**

1. Follow instructions on the notice(s); call the Tele-Center if you have questions;
2. If the instructions tell you to "Report," call the Tele-Center at once;
3. If you disagree with a decision, file an appeal. Appeal each decision separately by the appeal deadline. If you fax your appeal, keep a confirmation sheet.

Your employer can appeal TWC's decision to pay benefits. TWC will notify you of any appeal hearing. If you do not participate, you may lose your benefits and have to repay benefits you received.

**Determination of Potential Chargeback for the Employer**

We will charge your former employer's account if we pay you benefits.

**If You Disagree with this Decision**

If you disagree with this decision, you may appeal. Fax or have any appeal you may file postmarked on or before 07-08-12. TWC will use the date we receive the fax to determine whether your appeal is timely. If you file your appeal by fax, you should retain your fax confirmation as proof of transmission. Please include a copy of this notice with Appeals correspondence. The Appeal must be in writing to this address:

Appeal Tribunal  
Texas Workforce Commission  
101 E. 15th Street  
Austin, TX 78778-0002  
FAX (512) 475-1135

Please see reverse for how to file an appeal.

BD300E 02/27/2007

Case No.:	16
Claim ID.:	05-27-12
Claim Date:	05-27-12
<b>FOR HEARING IMPAIRED CLIENTS</b>	
Relay Texas TDD No.:	1-800-735-2989
Voice No.:	1-800-735-2988